

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2406AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1905 QUAIL POINT COURT</b> <b>LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 12/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. One resident file was reviewed and two employee files were reviewed.  Complaint # NV 00023764 was substantiated.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 12/9/09, the facility failed to ensure 1 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing and the pre-employment physical examination (Employee #1). Employee #1 had a 1 step TB skin test on 11/6/09 but no 2nd step.  This was a repeat deficiency from the 8/15/08 and 6/10/09 surveys.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 12/9/09, the facility failed to ensure 1 of 2 caregivers met background check requirements (Employee #1). Employee #1 had no fingerprints, State or FBI background checks or a criminal history statement available for review.  Severity: 2 Scope: 3	Y 105		

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Y 106  Y 106 SS=F	Continued From page 2  449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on interview and record review on 12/9/09, the facility failed to ensure 1 of 2 employees had completed training in first aid and cardiopulmonary resuscitation (Employee #1).  Severity: 2 Scope: 3	Y 106  Y 106		

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